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Having such a short time to reply to your request for my comments on a number of considerations regarding psychiatric personality studies, I can only respond with some off-the-top ideas and points of view.

It might be well to preface my remarks about psychiatric personality studies with a brief attempt to distinguish between two uses of such studies. The first is to provide an in-depth historical picture of an individual, which may serve as a sort of detailed biographical story, illustrating in a psychologically, clinically sophisticated way what can be said from available data about his development up to the present time. The second is an attempt to achieve perspectives from the available data intended to provide predictability regarding the individual under study. These are not the only uses of such personality studies, but they are the only ones necessary to comment upon at this time.

Countless persons exist, professional and otherwise, who can be willingly persuaded to provide studies for each of the above categories. None of them, so far, will be able to provide perfect studies. The range of qualification among those who might attempt such studies is quite comparable to that between a layman who can fix an electric cord and an atomic scientist. The more skilled efforts will be possible among those with the most training and clinical experience in exploratory therapy.

The second use of the personality study, referred to above, involves searching the in-depth psychological history of the individual under study for long standing, often into early childhood, repetitious patterns of behavior or thought which can be discerned to have remained relatively unchanged. Sometimes these are conspicuous enough to be apparent to a relatively unskilled observer; not infrequently they involve aspects of personality so subtle that only a few highly skilled individuals would even be aware of their potential existence.

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The above are of course abbreviated observations regarding a highly complex subject. Nevertheless, from them certain generalizations can be drawn.

Because such studies can only be relatively complete, certain measures need to be preserved in order to gain the highest possible accuracy. Prominent among these is the assurance that several qualified individuals may review the essential data and conclusions of each study. One of the important sources of error in any personality study is the existence of varying degrees of psychological bias (sometimes technically referred to as "blind spots") in the observer. The use of several qualified reviewers, since no two individuals are exactly alike in this respect, provides an essential measure of safeguard. A small group exchange of opinion can often be important. A personal psychoanalysis, preferably in a specialized training setting (because there its aim is to a major extent to eliminate or minimize such "blind spots"), should whenever possible be included among the qualifications of such a reviewer.

I indicated that regular clinical experience, i.e., in a treatment setting which stresses the need for in-depth psychological exploration (in contrast, for example, to drug therapy or reconditioning or group therapies) is a highly desirable concurrent activity for one making personality studies. This is important for at least two reasons. One, it keeps "honed" the specialized observing equipment, i.e. the actual perceptual faculties required to discern subtle patterns of behavior or thought. Two, the overwhelming source of contemporary knowledge of personality structure, especially man's psychological defensive patterns (technically, the ego's mechanisms of defense), and psychopathology, have been discovered, or clarified and conceptualized by therapists from in-depth explorations (psychoanalytic types of treatment) with patients. This latter observation is so well recognized that even non-medical personnel who are trained in analytic therapy so that they may facilitate their own research efforts are expected to be able to continue in some clinical work in order to keep their newly gained insights alive and growing.

The need for a regularly participating relationship between a psychiatric personality study area and a clinical setting follows from the above.

Further on the matter of avoidance of "isolation" of any psychiatric study from a qualified psychiatric group: The importance of a regular working relationship with a peer group is especially

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important for the psychiatrist and/or analyst. Working mainly with less trained and less experienced individuals, the psychiatrist is usually confronted with two kinds of responses--either one of suspicious avoidance or one of awe at being granted unrealistic intellectual powers. The first may be painful for the psychiatrist and this is a motive for overcoming it--and the suspicion is usually overcome. The second can often be rather gratifying and one can even come to share such an opinion of one's own ideas. This is not always bad and can sometimes inspire one to more valuable contributions. Obviously, however, there is the risk that encouraged over-evaluation may lead in the direction of serious errors in judgment. A regular degree of contact with one's peers in a departmental setting can do much to prevent such a danger.

In a somewhat different vein, let me comment on the matter of two particularly essential areas of knowledge for anyone attempting sophisticated personality studies. The first is expert familiarity with the forms and content of unconscious mental processes and how to recognize evidence for them in data from various age levels of a subject under study. The second is an experienced familiarity with human instinctual drives. This latter is an area of understanding which is essentially biologically based. It is true that as a frame of reference it is not always necessary for the work of some psychotherapists. However, were it to be lacking as an aspect of theoretical orientation in any study intended to provide crucial predictions regarding studied individuals, there could be a very significant increase in the possibility of erroneous conclusions.

The degree to which a more accurate comprehension of a number of basic psychological issues is facilitated by training in biological sciences speaks for the advantages of providing any profound psychological studies with continued biological or medical contacts. Mind-body considerations should not become divorced.

The principle of avoiding an isolated arrangement for any personality studies which pretend to have any psychiatric-psychoanalytic validity has in the long run another important meaning. By far the most specialized and potentially fruitful minds in this regard are at present part of the professional community outside of the Agency. Continued appropriate consultative access to their ideas and contributions is essential. Often, if not always, their readiness to cooperate will depend on their conviction that a responsible, qualified department of medicine and psychiatry within the Agency will be able at all times to assure responsible usage of their contributions.

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One last point: I would continue to urge that updating or review measures of studies be encouraged in order to provide research data important in checking the quality of the work.

I hope these brief thoughts can be of some use. Given more time, I would be glad to flesh out or clarify any of the above comments. As you know, this subject is far more complex than many would tend to expect and deserves much thoughtful attention.

Sincerely,

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